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New Film in American Medical Association Series Advises Physicians How to Avoid Professional Liability Hazards

A new film that shows physicians how to avoid the recurrent headache of medical practice today—the professional liability claim—is now available from the American Medical Association film library for county society and other professional bookings.

Titled "The Doctor Defendant," the new film was premiered recently in the New York Coliseum before a large audience of physicians attending the 106th annual meeting of the A.M.A. The 34-minute black-and-white sound film is the second in the "Medicine and the Law" film series produced by the Wm. S. Merrell Company, ethical pharmaceutical laboratories of Cincinnati, Ohio, in cooperation with the A.M.A. and the American Bar Association.

The new movie presents in concise and dramatic terms the stories of four doctors who find themselves cast in the disturbing role of "The Doctor Defendant." In reviewing these cases, the film also demonstrates how a county medical society professional liability review committee functions.

Medical societies may book "The Doctor Defendant" from the A.M.A. film library immediately for showings before their own members. "The Doctor Defendant" is a companion film to "The Medical Witness" which depicts right and wrong methods of presenting medical testimony by re-enacting a personal injury trial. Both films can be booked together as part of a legal medicine seminar.

Produced as a service to the medical and legal professions, "The Doctor Defendant" presents four cases which are among the most frequently encountered and most representative of what the physician has to face.

The first case is that of a physician charged with negligence in causing a burn during x-ray therapy. In another case the doctor is sued because a doctor unthinkingly criticizes the way an orthopedic patient has been treated. In the third, a claim of unnecessary surgery is made, and in the last case a physician is sued when he advises his patient by telephone and an unfortunate result occurs.

All are common situations; however, they are situations about which the physician is generally poorly informed. "The Doctor Defendant" dramatically explains the legal basis on which these suits are brought, and the areas in which the physician is vulnerable. It shows the best methods to avoid involvement and offers concrete advice on how the physician should handle himself once he has been made the target of a professional liability claim.

Special reference is made to the professional liability review committees that have been set up by some of the county medical societies. The film shows one of these committees in action and how it serves the public and the physician member who is in trouble.

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New Film in American Medical Association Series Advises Physicians How to Avoid Professional Liability Hazards

(Continued from Page 10)

Here are seven suggestions for the practicing physician who wishes to avoid liability involvement, as illustrated by "The Doctor Defendant":

1. Explain to the patient the proposed course of therapy and advise him when treatment may be hazardous.

2. Confirm in a letter to the patient the effects of treatment when harmful side actions or results might be expected. Obtain written consent for operative procedures. *Remember to keep a copy for your file.*

3. Review and interpret the clinical significance of all diagnostic or laboratory tests *before* a surgical procedure.

4. A precipitating cause of a large number of professional liability actions is the unthinking comment of a physician on treatment given a patient by another physician. All the facts may not be known . . . so avoid tactless comment.

5. Always remember the protective value of a complete case record. It has been shown again and again that the doctor's best defensive tool in a professional liability claim or suit is the detailed case record.

6. All professional liability claims should be reported promptly to the proper persons; this may save time and unnecessary legal involvement.

7. Be constantly aware of the physician's responsibility to the patient. It is the physician alone who must decide the medical care to be provided.

Societies desiring to show "The Doctor Defend-

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California MEDICINE

CLASSIFIED ADVERTISEMENTS

Rates for these insertions are $5 for fifty words or less; additional words 6 cents each

Copy for classified advertisements should be received not later than the *tenth of the month preceding issue.* • Classified advertisers using Box Numbers forbid the disclosure of their identity. Your inquiries in writing will be forwarded to Box Number advertisers.

CLASSIFIED ADVERTISEMENTS ARE PAYABLE IN ADVANCE

PHYSICIANS WANTED

CALIFORNIA LICENSED PHYSICIAN SURGEONS WANTED: Contact us for registration forms and information on our many excellent opportunities in California. Outstanding openings in GENERAL PRACTICE, INDUSTRIAL AND THE SPECIALTIES . . . associations, assistantships, groups, locations for private practice in NORTHERN, CENTRAL AND SOUTHERN CALIFORNIA. PACIFIC COAST MEDICAL BUREAU agy., 703 Market Street, SAN FRANCISCO, or 510 West Sixth Street, LOS ANGELES.

WANTED AT ONCE: Ambitious, energetic, hard-working, young physician, to assist in busy Allergy and General Practice. $1,000 a month to start, periodic raises, with partnership later. San Fernando Valley. Write details of qualifications to Box 93,400, California Medicine.

YOUNG ASSOCIATE WANTED for active general practice. Unusual opportunity with group; four G.P.'s, board surgeon, radiologist. Excellent facilities, hospital privileges. Salary first year, then partnership. Santa Clara County, easy access to San Francisco. Beautiful weather and surroundings typical of Southern Bay Area. Box 93,410, California Medicine.

WANTED: General Practice Associate. Salary guarantee. Partnership later. Write Box 57, Malibu, California.

PHYSICIAN WANTED: General practitioner associate in Oakland. Good hospital connections, well equipped office. Overburdened practice. Box 93,510, California Medicine.

EXCEPTIONAL OPPORTUNITY FOR GENERAL PRACTITIONER in a medical clinic in Southern California with good starting salary and opportunity for full partnership. Box 93,480, California Medicine.

GENERAL PRACTITIONERS—EXCELLENT OPPORTUNITIES AVAILABLE in San Francisco, north of San Francisco and on the coast south, including associations with established groups and with individual physicians; salaries to $1,000.00 to start; also percentage and partnership arrangements. OTOLARYNGOLOGIST association with established ENT man, San Francisco Bay Area, $18,000.00 to start. OBSTETRICIAN-GYNECOLOGIST, association with well established group central California. ANESTHESIOLOGIST needed for excellent location; outstanding potential. OPHTHALMOLOGISTS, several excellent openings throughout California. For further information please contact Norma Rohl, THE MEDICAL CENTER AGENCY, 26 O'Farrell Street, San Francisco. YU 2-3412.

WANTED GENERAL PRACTITIONER: A thriving two-man general practice in the San Fernando Valley is in need of a third man general practitioner, in early thirties, with resident training to start at salary and gradually assume shares and responsibilities of equal partnership. The practice includes all phases of medicine, with hospitals in the area permitting procedures consistent with the capabilities of the individual physician. Complete laboratory and x-ray facilities, and excellent consultation are available. Box 93,515, California Medicine.

PHYSICIAN FOR CARDIO-PULMONARY LABORATORY. Board certified or eligible internist to take charge of operation; participate in approved training program in internal medicine. 800-bed County Hospital with Medical School affiliation. Must be United States citizen and have California license. Contact L. A. West, M.D., Medical Director, Los Angeles County Harbor General Hospital, 1124 West Carson Street, Torrance, California.

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Tips Given for Motion Sickness Prevention

You don't have to worry much any more about that old vacation bugaboo, motion sickness, according to a Minneapolis physician.

Under most circumstances, motion sickness can be warded off, and even when preventive measures fail, drugs are available to give relief, Dr. John E. Eichenlaub said in a recent issue of *Today's Health,* the American Medical Association's consumer magazine.

Motion sickness results from "too much nerve-tickling action" in the ear's labyrinth, the organ that helps a person keep his balance. Keeping the head steady reduces this action. The head can be steadied by leaning it against a headrest, bracing it in position with pillows or by focusing the eyes on the horizon.

It is not wise, he said, to focus on rapidly passing objects, such as autos or telephone poles, since the background seems to "dip and plunge." The same thing happens when one reads or does fancy work. It's all right to read if you choose big type and periodically look away. Crocheting and knitting should be done only if you can do it without looking, he said.

Youngsters can be encouraged to focus on the horizon by playing animal- or tractor-spotting games, but not license-spotting games.

This background dipping and plunging effect is probably the chief reason for extra risk of sickness in certain airplane seats, especially in those on the left side just back of the wing, he said. The plane usually turns left and when the passenger can see down but can't get a broad long view, he looks at the passing landscape with short, rapid eye movements. So stay on the right, either front or rear, and keep the eyes on the horizon to minimize air sickness, Dr. Eichenlaub advised.

Experiments have shown that a person lying with a pillow directly under his head is much more likely to get sick than one lying with his head tipped back slightly, he said. In a plane or bus the seat can be tilted back and the headrest used without a pillow, or with the pillow behind the back. The standard deck chair holds the head in just about the right position.

A trip to the deck may give relief in the early stages of seasickness, but not because of the fresh air. Tests have shown that fresh air has little effect on motion sickness. The walk around the deck helps because you can see the horizon and because you have a change in the type of motion. Dr. Eichenlaub also noted that the effects of a ship's motion are much less noticeable amidship than they are fore and aft.

There have been countless pieces of conflicting advice about what to eat before traveling, but most authorities agree that light meals are definitely desirable. Once under way light or heavy meals

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New Drug Controls Symptoms Of Parkinson's Disease

A new drug recently was called "an invaluable aid" in the treatment of Parkinson's disease, or "shaking palsy," by two New York doctors.

Drs. Lewis J. Doshay and Kate Constable reported an American study of orphenadrine (Disipal) hydrochloride, which has been used experimentally in Europe for several years.

The drug helped 55.7 per cent of 176 patients and "proved exceptionally beneficial" in the control of some of the most disturbing symptoms of the disease, which is also called paralysis agitans, they said in a recent issue of the *Journal of the American Medical Association.*

While the drug's effects eventually wore off in many patients, it still has an important place in the treatment of Parkinson's disease, a progressive nervous disorder of later life. Combined with other drugs it can produce improvement that cannot be obtained when the drugs are used alone, they said.

The authors noted that it is usually necessary for a patient to take several drugs, either separately or together, in order to control the many symptoms of the disease. For this reason, a patient with Parkinson's disease must remain constantly under a doctor's care.

Orphenadrine was especially helpful in releasing free, spontaneous, and automatic activity of the body, they said. One of the major manifestations of the disease is muscular rigidity and loss or slowing of voluntary movement. The return of spontaneous and automatic activity in these cases apparently springs from some action of the drug on the central nervous system, since other drugs are known to have a more powerful effect on muscular rigidity, the authors said.

It also exerted a beneficial effect on gait, posture, balance, weakness, tiredness, mental depression, excessive salivation, excessive blinking, and spasmodic eye movements. It helped improve minor tremor, although it had no effect on serious tremor, one of the major symptoms of the disease.

The authors are on the staffs of the Neurological Institute of Presbyterian Hospital and the department of neurology, College of Physicians and Surgeons, Columbia University.

New Film in American Medical Association Series Advises Physicians How to Avoid Professional Liability Hazards

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ant" and/or "The Medical Witness" may write to the Film Library, American Medical Association, 535 No. Dearborn Street, Chicago 10, Ill., or to Dr. John B. Chewning, director of professional relations, The Wm. S. Merrell Company, Cincinnati 15, Ohio.

Tips Given for Motion Sickness Prevention

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won't make any difference. He said the belief that one travels better by starting out with a hangover is "certainly wrong."

Previous episodes of sickness may make a person get sick sooner, and the more he thinks and talks about impending illness the more likely it is that trouble will materialize. This is especially true of children, he said.

However, many drugs are now available for prevention and cure of motion sickness. An Army study of 26 drugs for seasickness showed Marezine, Bonamine, and Phenergan (trade names) to be the most effective. An airline study showed that Marezine and Bonamine were superior remedies. Dramamine, one of the oldest antimotion-sickness drugs, is also effective against sea and air sickness, while Trimeton is good for air sickness.

These drugs are most effective if they are taken at least half an hour before departure. Most are also effective even after vomiting, Dr. Eichenlaub said.

Physician Reports Allergy to Common Ivies

Two cases of allergy to Algerian ivy, a common house and garden plant, were reported recently by a Pasadena, Calif., dermatologist.

Writing in the American Medical Association's recent issue of the *Archives of Dermatology*, Dr. Clete S. Dorsey said he knows of no other reported cases of dermatitis from Algerian ivy.

Both patients developed severe, itchy skin eruptions after contacting juice from the stems and leaves of the plant. Touching the unbroken leaves did not produce a reaction.

After recovering from the Algerian ivy dermatitis, both patents became sensitive to the common English ivy, a close relative of Algerian ivy. This suggested that the patients who have been sensitized by one of the plants will also be allergic to the other, he said.

Dr. Dorsey said he has a "strong suspicion" that contact dermatitis from the English and Algerian ivy is "not rare," since they are among the most widely cultivated of all plants.

Variants of English ivy grow throughout the United States. Algerian ivy, which has become quite popular in the last 10 years, grows outdoors only in the West Coast states. However, most of the large-leaved variegated house ivies are Algerian ivies and

(Continued on Page 34)

Hazards of Jet Aircraft Maintenance

Some of the health problems encountered in repairing and maintaining jet planes, and some preventive measures, were discussed recently by two Air Force physicians.

The most hazardous of these operations is the cleaning and repair of the aircraft fuel cells. In fact, it is potentially more dangerous than cleaning bulk gasoline storage tanks, according to 1st Lieut. Americo R. Lombardi (MSC), and Capt. Arthur S. Lurie (MC).

The fuel cells of the B-47 jet bomber are rubber-lined cubicles that fill cavities within the aircraft fuselage. They are difficult to reach and allow a very small amount of working room. Since most of the cells are connected, it is often necessary to crawl from one cell into another, thus penetrating deeper into the fuselage and away from fresh air, the doctors said in a recent issue of the *Journal of the American Medical Association.*

These "extremely poor" working conditions present a number of hazards, including fire and explosion, acute intoxication from fuel vapors, systemic poisoning from tetraethyl lead (a fuel ingredient), skin reactions from direct contact with petroleum hydrocarbons, and the acute psychological problem of confinement in a small space.

Seven of 12 airmen studied at Smoky Hill Air Force Base, Salina, Kan., reported various physical symptoms when they did not wear a protective face mask. These included dizziness, indigestion, headache, visual blurriness, "echoing" and repetition of thoughts.

Because these health problems may in the "not-too-distant future" be encountered by civilians working on jet airliners, the authors recommended some safety measures for persons working on jet fuel cells.

They said the work should be performed by at least two men, with one man outside the cell serving as the observer of the man within the cell. They should carry on a continuous conversation, so that the observer may recognize any emergency and take prompt action in rescuing the repairman.

Lt. Lombardi is now at the USAF Hospital, Schilling Air Force Base, Salina, Kan., and Capt. Lurie is at the New England Center Hospital, Boston.

Physician Reports Allergy to Common Ivies

(Continued from Page 31)

can be found anywhere in the country.

He noted that many plants are called ivies without being related to these "true ivies." For example: Kenilworth ivy, Boston ivy, German ivy (sometimes called Japanese ivy), ground ivy, marine ivy, Cape ivy, poison ivy, or philodendron (a common houseplant).

Limitations of Tolbutamide

The release of the new oral diabetic drug tolbutamide (Orinase) for prescription use imposes new responsibilities on the physician and patient, according to an editorial in a recent issue of the *Journal of the American Medical Association.*

The drug, which was available only for experimental purposes until recently, is not a substitute for insulin and can be used only in certain types of diabetic patients. Both insulin and tolbutamide help control the amount of sugar in the blood, which is excessive in diabetes mellitus.

Real and serious problems will arise if tolbutamide is dispensed without a prescription and if it is used in patients for whom it "obviously is not indicated." It is most likely to help the diabetic who has a relatively mild case which developed after the age of 30.

It is especially important for the patient not to develop a careless attitude and for him to understand that the use of tolbutamide does not rule out dietary restrictions and other measures necessary to control the disease. Uncooperative patients should not be considered suitable for treatment with tolbutamide.

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CLASSIFIED ADVERTISEMENTS

(Continued from Page 18)

PHYSICIANS WANTED *(Continued)*

EXCEPTIONAL OPPORTUNITY FOR ORTHOPEDIC SURGEON in medical clinic in Southern California with good starting salary and opportunity for full partnership. Box 93,485, California Medicine.

EXCEPTIONAL OPPORTUNITY FOR PEDIATRICIAN in a medical clinic in Southern California with good starting salary and opportunity for full partnership. Box 93,475, California Medicine.

WANTED—ASSISTANT SURGEONS to work with a large busy surgical group beginning immediately. Preference given if time can be applied as preceptorship for American Board of Surgery. Considerable opportunity to perform major surgery. California license required before accepting position. Box 93,500, California Medicine.

STAFF PHYSICIAN, full time, wanted for 270-bed, chest disease hospital, approved for residency training in pulmonary diseases. Located in Murphys, California. Starting salary $700 per month, plus home on grounds, furnished. Available July 1, 1957. Must have California license. Apply: Superintendent, Bret Harte Sanatorium, Murphys, California.

WANTED—Doctors for full time employment as ward physicians for medical, surgical and neuropsychiatric services in recently constructed, modern VA neuropsychiatric hospital, Jefferson Barracks, Missouri, located 12 miles from downtown St. Louis. Salary up to $12,685, depending upon qualifications. 25% additional salary up to $13,760 if board certified. 30 days annual leave, liberal sick leave, insurance and retirement benefits. Hospital affiliated in residency training program. Applicants must be United States citizens, graduates of approved medical schools, and physically qualified. If interested, communicate with the manager, VA Hospital, Jefferson Barracks 23, Missouri.

SITUATIONS WANTED

EXPERIENCED MEDICAL OFFICE PERSONNEL (MEDICAL SECRETARIES and RECEPTIONISTS, REGISTERED NURSES, LABORATORY and X-RAY TECHNICIANS) available to you through a telephone call or a letter to THE MEDICAL CENTER, the agency which for the past eight years, has been giving discriminating service to California physicians. 26 O'Farrell Street, Room 405, San Francisco. YU 2-3412.

GP, TWO (2) YEARS PRACTICE, desires opportunity in Southern California, sole, dual, or group. One (1) year rotating internship, Los Angeles County General Hospital. Graduate Ohio State. No service obligations. Box 93,470, California Medicine.

GENERAL PRACTITIONER: Age 35. Experienced. California license. Special interest in Psychiatry. Desire association with one or more physicians in general practice. Available for interview. Can start any time. Box 93,525, California Medicine.

INTERNIST, AGE 35, university trained in San Francisco and Boston in medicine and diseases of the chest, desires association with group or internist in San Francisco or Orange County. Now in San Francisco. Reply Box 93,530, California Medicine, or telephone collect, San Francisco, Douglas 2-7121.

INTERNIST, 31, single, Board eligible. Completing military service—July, 1957. Desires group or association. Available September 1, 1957. Box 93,535, California Medicine.

INTERNIST, 33, family, AAGP member, Three (3) years approved residency in university affiliated hospital. Two (2) publications, California license, no military obligation, desires industrial or insurance position in San Francisco, Bay Area, or Northern California. Available November 1, 1957. Box 93,540, California Medicine.

OBSTETRICIAN - GYNECOLOGIST, Military obligation completed. Board eligible. Training at Yale University—Fordham Hospital. Age 34. Have California license, family, wife is physician. Desires partnership or association with Obstetrician. Reputable group clinic, also preferred. Box 93,495, California Medicine.

POSITION WANTED: Age 45—Too young to retire—old enough to desire time with family. Have accumulated average lifetime experience in Ob-Gyn. Seasoned teaching and administrative ability. Good patient rapport. Desire position preferably in mountain area where services needed only nine to ten months annually. California Medicine, Box 93,520.

(Continued in Back Advertising Section Page 64)

More Research Needed In Cosmetic Field

As cosmetics leave the "realm of luxury" and become items of necessity, more and better research into the fundamental properties of the skin also becomes a necessity, according to a Federal Food and Drug Administration official.

Dr. Arnold J. Lehman, chief of the FDA division of pharmacology, Washington, D. C., said the increasing demand for cosmetics has led to the new use of many known substances and the development and extensive manufacture of new synthetic compounds.

He made his statements in a guest editorial in a recent issue of the *Journal of the American Medical Association.*

Unfortunately, carefully controlled research into the fundamental principles of skin properties and mechanisms and the actions of various chemicals and drugs on the skin has "not kept pace" with the many new products and the claims made on their behalf, he said.

Certain unobjectionable claims have been advanced for the effectiveness of certain preparations for reducing skin dryness and hiding skin blemishes and wrinkles.

However, in recent years the trend has been to advertise such products as being more than just cosmetics—that they serve as "skin foods, rejuvenators or tonics," "contour creams" for bust development or bust reducing, wrinkle eradicators, and "deep pore" cleaners.

"To date, however, no conclusive evidence has been offered in support of many of these claims," he said. "For example, there is nothing known to science that will restore color to hair or cure early male baldness."

Along with this recent trend, a number of biologically active substances, such as vitamins and hormones, have been incorporated into cosmetic preparations. The claims for these preparations "subtly hint" at their therapeutic value without actually saying so.

For instance, vitamin A supposedly enhances the appearance of the skin. Actually, however, there is no well-substantiated scientific account to support the contention that cosmetics containing vitamin A are of greater value than those lacking it.

The actual value of vitamins, hormones, and other chemicals in cosmetics is not the only question and problem, Dr. Lehman said. There is also a question of safety—what potential harm may follow the indiscriminate inclusion of similarly potent chemicals in cosmetics.

"The need for increasing the scope and number of investigations relating to the fundamental problems of skin physiology, biochemistry, pharmacology, and toxicology cannot be stressed too strongly," Dr. Lehman concluded.

BOOKS RECEIVED

ALCOHOLISM—A Treatment Guide for General Practitioners—Donald W. Hewitt, M.D., Lea & Febiger, Philadelphia, 1957. 112 pages, $3.00.

ANNUAL REVIEW OF MEDICINE—Volume 8—1957—David A. Rytand, Editor and William Creger, Associate Editor, both from Stanford University School of Medicine. Annual Reviews, Inc., Palo Alto, 1957. 530 pages, $7.00.

ATLAS OF CLINICAL ENDOCRINOLOGY—Including Text of Diagnosis and Treatment—Hans Lisser, A.B., M.D., Clinical Professor of Medicine and Endocrinology, University of California School of Medicine; and Roberto F. Escamilla, A.B., M.D., Clinical Professor of Medicine, University of California School of Medicine. The C. V. Mosby Company, St. Louis, 1957. 476 pages, 148 plates, including 3 in color, $18.75.

BLOOD AND BONE MARROW PATTERNS—G. D. Talbott, M.D., formerly Chief of Medicine, 2750th Hospital, Aero Medical Laboratories, Wright-Patterson Air Force Base, Dayton; Elmer S. Hunsiker, B.S., formerly Chief of Laboratories, Aero Medical Laboratories, Wright Air Force Base; and Jonah Li, M.D., University of California Medical Center. Grune and Stratton, New York, 1957. 59 pages, $12.00.

CHANGING PATIENT-DOCTOR RELATIONSHIP, THE—Martin G. Vorhaus, M.D., F.A.C.P. Horizon Press, Inc., 220 West 42nd Street, New York 36, N. Y., 1957. 310 pages, $3.95.

ENCYCLOPEDIC GUIDE TO NURSING—Helen F. Hansen, R.N., M.A., Educational Director, University of California School of Nursing. The Blakiston Division, McGraw-Hill Book Company, Inc., 330 West 42nd Street, New York 36, N. Y., 1957. 406 pages, $6.00.

EPILEPSY—Grand Mal, Petit Mal, Convulsions—Letitia Fairfield, C.B.E., M.D., D.P.H. Philosophical Library, Inc., 15 East 40th Street, New York 16, N. Y., 1957. 159 pages, $4.75.

ESSENTIALS OF CLINICAL PROCTOLOGY—Third Edition—Manuel G. Spiesman, M.D., B.S., LL.D., F.I.C.P., Associate Professor of Proctology; and Louis Malow, M.D., B.S., F.A.C.S., Associate in Surgery, both from the Chicago Medical School. Grune & Stratton, New York, 1957. 316 pages, $8.75.

GIFFORD'S TEXTBOOK OF OPHTHALMOLOGY—Sixth Edition—Francis Heed Adler, M.D., William F. Norris and George E. DeSchweinitz, Professor of Ophthalmology, University of Pennsylvania Medical School. W. B. Saunders Company, Philadelphia, 1957. 499 pages, 277 figures and 26 color plates, $8.00.

HEALTH YEARBOOK—1956—Compiled by Oliver E. Byrd, Ed.D., M.D., F.A.P.H.A., Professor of Health Education, Stanford. Stanford University Press, Stanford, California, 1957. 278 pages, $5.00.

HEMORRHAGIC DISEASES—Armand J. Quick, Ph.D., M.D., Professor of Biochemistry, Marquette University School of Medicine. Lea & Febiger, Philadelphia, 1957. 451 pages, $9.50.

HUMAN BLOOD GROUPS AND INHERITANCE—Sylvia D. Lawler, M.D., External Scientific Staff, Medical Research Council, Galton Laboratory, University College, London; and L. J. Lawler, B.Sc., formerly of The Polytechnic, Regent Street, London. Harvard University Press, Cambridge, Massachusetts, 1957. 103 pages, $1.50.

MESENCHYMAL DISEASES IN CHILDHOOD—22nd Ross Pediatric Research Conference, Ross Laboratories, Columbus, 16, Ohio, 1957. 103 pages.

MODERN TRENDS IN NEUROLOGY—Edited by Francis M. Forster, M.D., Dean and Professor of Neurology, Georgetown University School of Medicine, The C. V. Mosby Company, St. Louis, 1957. 792 pages, $12.00.

1957 MEDICAL PROGRESS—A Review of Medical Advances During 1956—Morris Fishbein, M.D., Editor, The Blakiston Division, McGraw-Hill Book Company, Inc., Publisher, New York, N. Y. 1957. 367 pages, $6.00.

OCCUPATIONAL DISEASES OF THE SKIN—Third Edition—Thoroughly Revised—Louis Schwartz, M.D., Medical Director (Retired) USPHS, Chief Dermatosis Section, Consultant in Dermatology, National Institutes of Health; Louis Tulipan, M.D., Emeritus Clinical Professor of Dermatology, New York University; and Donald J. Birmingham, M.D., Medical Director, Chief Dermatologist, Occupational Health Program, USPHS. Lea & Febiger, Philadelphia, 1957. 981 pages, 189 illustrations, $18.00.

ORAL DIAGNOSIS AND TREATMENT (ORAL MEDICINE)—Third Edition—A Textbook for Students and Practitioners of Dentistry and Medicine—Samuel Charles Miller, D.D.S., F.A.C.D., F.A.D.M., Professor of Periodontia and Oral Medicine, New York University College of Medicine. The Blakiston Division, McGraw-Hill Book Company, New York, 1957. 977 pages, 577 black and white illustrations and 30 color plates, $16.00.

PRACTICAL GYNECOLOGY—Second Edition—Walter J. Reich, M.D., F.A.C.S., F.I.C.S., and Mitchell J. Nechtow, M.D., F.A.C.S., F.I.C.S., J. B. Lippincott Company, Philadelphia, 1957. 648 pages, 248 illustrations, 68 in color, $12.50.

PRINCIPLES AND METHODS OF PHYSICAL DIAGNOSIS, THE—Correlation of Physical Signs with Certain Physiological and Pathological Changes in Disease—Simon S. Leopold, M.D., Professor of Clinical Medicine, University of Pennsylvania School of Medicine. W. B. Saunders Company, Philadelphia, 1957. 537 pages, $9.00.

PRINCIPLES OF SURGICAL PATHOLOGY—Harry Davis, M.D., C.M., F.A.C.S., Clinical Professor of Surgery and Director of Surgical Research, College of Medical Evangelists; Paul B. Hoeber, Inc., Medical Book Department of Harper & Brothers, 49 East 33rd Street, New York 16, N. Y., 1957. 841 pages, $20.00.

ROAD TO INNER FREEDOM, THE—The Ethics—Baruch Spinoza. The Philosophical Library, 15 East 40th St., New York 16, N. Y., 1957. 215 pages, $3.00.

RYPINS' MEDICAL LICENSURE EXAMINATIONS—Topical Summaries and Questions—8th Edition—Walter L. Bierring, M.D., M.A.C.P., M.R.C.P., Edin. (Hon.), J. B. Lippincott Company, Philadelphia, 1957. 964 pages, $10.00.

SCHWEITZER, ALBERT—The Story of His Life—Jean Pierhal. Philosophical Library, 15 East 40th St., New York 16, N. Y., 1957. 160 pages, $3.00.

SIGNS AND SYMPTOMS—Applied Pathologic Physiology and Clinical Interpretation—Third Edition—Edited by Cyril Mitchell MacBryde, A.B., M.D., F.A.C.P., Associate Professor of Clinical Medicine, Washington University School of Medicine. J. B. Lippincott Company, Philadelphia, 1957. 973 pages, 191 illustrations, 6 color plates, $12.00.

SOME MILESTONES IN THE HISTORY OF HEMATOLOGY—Camille Dreyfus, M.D., Grune & Stratton, Inc., 381 Fourth Ave., New York 16, N. Y., 1957. 87 pages, $4.50.

SPEECH CORRECTION AT HOME—Morris Val Jones, Ph.D., Director, Speech and Reading Clinic, Morrison Center for Rehabilitation. Charles C. Thomas, Publisher, Springfield, Illinois, 1957. 138 pages, $4.75.

TEXTBOOK OF HISTOLOGY, A—7th Edition—Alexander A. Masimow, Late Professor of Anatomy, University of Chicago; and William Bloom, Professor of Anatomy, University of Chicago. W. B. Saunders Company, Philadelphia, 1957. 628 pages, 1082 illustrations, 265 in color on 631 figures, $11.00.

TEXTBOOK OF PATHOLOGY—With Clinical Applications—Stanley L. Robbins, M.D., Associate Professor of Pathology, Boston University School of Medicine. W. B. Saunders Company, Philadelphia, 1957. 1351 pages, 933 figures, $18.00.

TREATMENT OF BURNS, THE—Curtiz P. Artz, M.D., F.A.C.S., Lt. Col., MC USA (Ret.), Associate Professor of Surgery, University of Mississippi Medical Center; and Eric Reiss, M.D., Instructor in Medicine, Washington University School of Medicine, St. Louis. W. B. Saunders Company, Philadelphia, 1957. 250 pages, 199 illustrations, $7.50.

(Continued in Back Advertising Section Page 84)

California MEDICINE

OFFICIAL JOURNAL OF THE CALIFORNIA MEDICAL ASSOCIATION

Volume 87 JULY 1957 Number 1

Poliomyelitis

Effect of Salk Vaccine on Severity of Paralysis

MILFORD G. WYMAN, *M.D.*, and W. DEAN LINDGREN, *M.D.*, Los Angeles, and ROBERT MAGOFFIN, *M.D.*, Berkeley

• The severity of paralysis in 642 nonvaccinated patients with poliomyelitis and in 93 vaccinated patients was observed at the Los Angeles County General Hospital in 1956. In the vaccinated group of patients the proportion of nonparalytic and mild paralytic cases was consistently greater in each 5-year age group under age 15 than in the nonvaccinated. In the entire 0 to 14 age bracket, 12 per cent of the vaccinated patients had moderate or marked degrees of paralysis as compared to nearly 50 per cent of the nonvaccinated cases. There were too few vaccinated patients for comparison over this age.

In the vaccinated group as a whole there was no apparent difference in severity as between patients who had had one inoculation and those who had had two. Among the small number of vaccinated patients under age 5, however, there was a suggestive decrease in severity between patients with one and with two inoculations.

In nonvaccinated patients, the disease tended to be most severe in the 0 to 4 age group and young adults, ages 20 to 35. The largest number of deaths and of cases in which a respirator was needed occurred among young adults. None of the vaccinated patients died or needed a respirator, but tracheotomy was necessary for three.

The concentration of mild cases in the vaccinated group is believed to indicate that partial protection was conferred by the vaccine, resulting in a shift to lesser degrees of severity. Such a shift would obscure the conversion of nonparalytic cases to inapparent infections.

Convalescent follow-up examinations of 62 vaccinated and 68 nonvaccinated patients mostly in the 5 to 9 age group, revealed that in both series of patients approximately 90 per cent of the muscle groups graded as having "slight paralysis" at the time of discharge, were nonparalytic on the later examination.

A NUMBER OF STUDIES have demonstrated the effectiveness of the Salk vaccine in reducing the incidence of paralytic poliomyelitis by 60 to 80 per cent or more.[1,4,8,10,13] In these studies based upon a comparison of vaccinated and nonvaccinated populations, the effectiveness was measured in terms of prevention of paralytic cases. A vaccinated person subsequently diagnosed as having paralytic poliomyelitis was tabulated as a "vaccine failure" regardless of the severity of paralysis.

It is the purpose of this communication to present evidence that the vaccine reduces the severity of illness among persons termed "vaccine failures."

From the Division of Preventive Medical Services, California State Department of Public Health and the Communicable Disease Service of Albert G. Bower, M.D., Los Angeles County General Hospital.

Dr. Wyman, a senior assistant surgeon in the Public Health Service, is on assignment to the State Department of Public Health from the Epidemic Intelligence Service, Communicable Disease Center, Atlanta, Georgia.

Presented before the Section on Public Health at the 86th Annual Session of the California Medical Association, Los Angeles, April 28 to May 1, 1957.

California MEDICINE

For information on preparation of manuscript, see advertising page 2

EDITORIAL

Principles of Medical Ethics

THE JUST-CONCLUDED annual meeting of the American Medical Association, if it did nothing else, came to grips with the broad subject of medical ethics and came out with a workable document.

This is not to decry the other manifold accomplishments of the session, but if a spotlight is to be shone on the outstanding accomplishment of the A.M.A. House of Delegates, the new statement of medicine's moral and professional obligations should be the one action to take a bow.

The Principles of Medical Ethics of the American Medical Association have been in effect for many years. They were initially established to furnish a guide to physicians in the conduct of their practices and of themselves in their dealings with patients, the community and other physicians. They did not constitute a set of statutes but served primarily as a compilation of moral principles. In this sense the stated principles have followed Webster's definition of the word as "a treatise on morals," "the science of moral duties," and "moral principles, duties and practice."

Once the Principles of Medical Ethics were adopted by the American Medical Association, representing the great body of the medical profession in the country, state medical societies adopted them as the standards to govern within their own borders. County societies, in turn, took similar action by referring to these standards either in terms of the A.M.A. or of their parent state associations.

When these successive actions had been taken, the disciplining of medical society members was rightfully left in the hands of the local or county societies. Members could be judged by their peers in their own communities, according to local standards and under broad standards of behavior known to and recognized by all physicians in medical organizations.

Disciplinary proceedings alleging violation of one or more sections of the Principles of Medical Ethics, have been brought against medical society members in all parts of the country over a long period of years. The general course, which is followed in California, is for the original charges to be brought and heard before an appropriate body in the county society. When that body has reached its decision, the state association is available as an appeal body to either party. In turn, the Judicial Council of the A.M.A. is further available as a sort of Supreme Court, authorized to act on questions of procedure, but not fact, in appeals taken from state association decisions.

Under this setup the individual member is assured of his right to be heard, to face his accusers, and to appeal from any decision which he believes unjust. After he has exhausted his appeals within the framework of medical organizations, he may still appeal to his state courts for relief from decisions which he believes unwarranted in the light of the facts.

In the many cases which have been brought before the A.M.A. Judicial Council over a long span of time, individual circumstances have varied widely. Procedures in many county or state medical societies have not been uniform, nor have the charges placed against individual members. The result of this widespread variation has been, of course, to clutter up the records with multitudinous decisions which, taken one at a time, may appear sound but which, in the aggregate, may easily appear to be inconsistent with each other or even with the basic principles under which the charges have been brought.

To correct this situation the A.M.A. started several years ago on a two-pronged campaign. First, it was obvious that the decisions of the Judicial Council must be catalogued, classified and codified. Such an act would offer a "body of law" which could be made available to members. Second, the Principles of

PRINCIPLES OF MEDICAL ETHICS

OF THE AMERICAN MEDICAL ASSOCIATION

THESE principles are intended to aid physicians individually and collectively in maintaining a high level of ethical conduct. They are not laws but standards by which a physician may determine the propriety of his conduct in his relationship with patients, with colleagues, with members of allied professions, and with the public.

1 The principal objective of the medical profession is to render service to humanity with full respect for the dignity of man. Physicians should merit the confidence of patients entrusted to their care, rendering to each a full measure of service and devotion.

2 Physicians should strive continually to improve medical knowledge and skill, and should make available to their patients and colleagues the benefits of their professional attainments.

3 A physician should practice a method of healing founded on a scientific basis; and he should not voluntarily associate professionally with anyone who violates this principle.

4 The medical profession should safeguard the public and itself against physicians deficient in moral character or professional competence. Physicians should observe all laws, uphold the dignity and honor of the profession and accept its self-imposed disciplines. They should expose, without hesitation, illegal or unethical conduct of fellow members of the profession.

5 A physician may choose whom he will serve. In an emergency, however, he should render service to the best of his ability. Having undertaken the care of a patient, he may not neglect him; and unless he has been discharged he may discontinue his services only after giving adequate notice. He should not solicit patients.

6 A physician should not dispose of his services under terms or conditions which tend to interfere with or impair the free and complete exercise of his medical judgment and skill or tend to cause a deterioration of the quality of medical care.

7 In the practice of medicine a physician should limit the source of his professional income to medical services actually rendered by him, or under his supervision, to his patients. His fee should be commensurate with the services rendered and the patient's ability to pay. He should neither pay nor receive a commission for referral of patients. Drugs, remedies or appliances may be dispensed or supplied by the physician provided it is in the best interests of the patient.

8 A physician should seek consultation upon request; in doubtful or difficult cases; or whenever it appears that the quality of medical service may be enhanced thereby.

9 A physician may not reveal the confidences entrusted to him in the course of medical attendance, or the deficiencies he may observe in the character of patients, unless he is required to do so by law or unless it becomes necessary in order to protect the welfare of the individual or of the community.

10 The honored ideals of the medical profession imply that the responsibilities of the physician extend not only to the individual, but also to society where these responsibilities deserve his interest and participation in activities which have the purpose of improving both the health and the well-being of the individual and the community.

The House of Delegates of the American Medical Association at the 1957 Annual Meeting approved the long-discussed restatement of Principles of Medical Ethics, originally submitted at the 1956 annual meeting. The final version was presented by the Council on Constitution and Bylaws and then amended by reference committee and House discussions in New York.

California MEDICAL ASSOCIATION

NOTICES & REPORTS

Medical Practice by Faculty Members

Report of the Special Committee on the Private Practice of Medicine by Medical School Faculty Members to the House of Delegates of the California Medical Association, April 28, 1957

Note: **The following report, with an amendment of Point 9 with regard to publicity, as noted herein, was accepted by the House of Delegates. Since it now becomes a basis of policy of the California Medical Association on a matter of celebrated controversy, it is printed here as a matter of immediate interest to members of this Association and for the information to other medical organizations currently dealing with similar problems.**

INTRODUCTION

Mr. Speaker and Members of the House of Delegates:

AT THE 1956 Annual Meeting of the House of Delegates, a resolution (No. 6 introduced by Jay J. Crane, M.D., and amended by the House) was referred to the Council calling for a study of the private practice of medicine by faculty members of medical schools or other physicians whose facilities are provided for them by tax-supported or by private institutions.

The Council appointed a special committee to conduct this study. On it were representatives of the volunteer clinical faculties of four medical schools, the dean of one of the schools, two physicians in private practice (general practice) and a member of the Council.

By way of background information, we should like to call to your attention a resolution adopted by this House in 1955 regarding the subsidy of medical practice by tax-supported institutions. An amendment to this resolution urged the A.M.A. to make a thorough study of the conditions and practices existing nationwide. The Council on Medical Services of the A.M.A. did make such a study, and its findings and recommendations were adopted by the A.M.A. House of Delegates in June of 1956. Your committee gave that report careful consideration and noted that the findings and recommendations of the report must be interpreted in the light of local conditions and practices.

I
PROBLEMS

There are many problems to be considered in reaching any conclusions regarding the best way to find solutions that are mutually agreeable to practicing physicians and the faculty members of medical schools. The principal ones are:

1. Private practice of medicine by full time faculty members in the clinical sciences with consideration of such things as limitation of income, payment of overhead expenses, legal aspects of the use of facilities of tax-supported or other institutions;

2. The sources of patients consulting full time faculty members, and particularly those admitted to teaching wards and services, including part-pay patients who may carry hospital or medical care insurance for professional services. An allied problem is the disposition of monies received for medical

Limitations of Tolbutamide

(Continued from Front Advertising Section Page 38)

Much research has been done on tolbutamide; however, more remains, including learning what happens when the drug is administered for many years.

"In the meantime, physicians must warn their patients that this drug is not a true substitute for insulin but in carefully selected patients can be used instead of insulin to control the blood sugar level."

"If the patients are not warned properly, if they do not cooperate, or if the prescribers of the drug do not understand its limitations, trouble will inevitably arise."

The editorial also listed some of the restrictions and precautions in the use of tolbutamide.

It cannot be used in patients with juvenile or growth-onset diabetes mellitus; unstable or "brittle" diabetes; a history of diabetic coma; maturity-onset diabetes complicated by severe ketosis, acidosis, coma, severe injury, gangrene, Raynaud's disease, or serious impairment of kidney or thyroid function; malfunctioning or disease of the liver, or diabetes adequately controlled by dietary restriction.

Any physician using tolbutamide should insist that during the initial test period the patient report to him daily and during the first month once weekly for examination. After the first month the patient should be seen at least once a month.

CLASSIFIED ADVERTISEMENTS

(Continued from Front Advertising Section Page 42)

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Medicine, Religion Move Closer Together

American medicine and religion are in closer accord today than in any period in modern times, according to the *Journal of the American Medical Association.*

A special article and editorial in a recent issue of the *Journal* discusses the growing cooperation between our half million "men in black" and "men in white."

Perhaps this has happened because the individual is reemerging from his "part-of-the-mass" status which came with mechanization and specialization of society, the editorial said. With leisure time overtaking working time, the individual shines again, and he "wants to know more and more about himself and how he relates to all men and all things of all times."

In fact, medicine and religion seem to be on the threshold of a "unified field theory" of faith and health, the article said. At the same time, the old concept of the "godless doctor" is dying. For instance:

A Chicago physician, Dr. C. David Brown, who participated in a two-and-a-half-hour struggle to revive a young man whose heart had stopped, said, "Actually, we never were sure throughout that we were completely alone in this thing. We knew we were getting some guidance."

Clergymen are developing a greater interest in medicine, especially in the field of mental health. A number of rabbis have stepped out of synagogue leadership to become practicing psychiatrists, as have at least six North American Catholic priests.

Eleven years ago the recognition of religion at New York's Bellevue Hospital was termed unique because all patients had to be seen by a minister. Today the uniqueness has turned into an "almost matter-of-fact routine," the article said. Of the 7,000 hospitals in the U. S., 1,100 have some religious affiliation, and most of the rest have available the services of ministers of the three major faiths. At least 35 hospitals (more than half of them mental hospitals) have clergymen and seminary students receiving pastoral training in actual contact with the sick and the dying.

On May 8, Texas Medical Center's Institute of Religion, Austin, will celebrate its first anniversary. In this institute students from five Texas theology schools are trained to minister to the sick, while medical students are offered elective courses in religion "to help them learn about the resources the church can offer them in their practice."

The new National Academy of Religion and Mental Health has been organized with a membership of 400 clergymen of all major faiths, 400 members of the American Psychiatric Association, and 300 psychologists, sociologists, and laymen. Regionally there are similar organizations established to coordinate pastoral care and clinical experience through seminars or training in hospitals.

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Medicine, Religion Move Closer Together

(Continued from Page 64)

Most clergymen offer only moral and religious advice, referring potential psychiatric cases to physicians. This has evolved into a unique service at the Marble Collegiate Church, New York City, where there is a full-time staff of psychiatrists, psychologists, and ministers offering a "team approach" to all who seek help.

Members of both groups are careful not to infringe on the realm of the other. Yet their viewpoints are so overlapping it is sometimes hard to tell whether it is a doctor or a clergyman speaking, the article said. For instance:

Dr. Claude E. Forkner, professor of clinical medicine at Cornell University Medical College, Ithaca, N. Y., said, "Very often we do not know what it is that brings about the recovery of the patient. I am sure that often it is faith which is a most important factor."

Rabbi Fred Hollander, chaplain at Mt. Sinai Hospital, New York, said, "The presence of a clergyman in the sick room can sometimes produce a feeling of apprehension or even antagonism in the patient."

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Medicine, Religion Move Closer Together

(Continued from Page 68)

While they may recognize that faith is an element in the well-being of all people, ethical ministers and physicians are firmly allied against the "fake healers," whose huge fund-raising exhibitions exploit the superstitious wishful thinking of the uninformed and misinformed. Both groups are working to combat the "flamboyant cultists."

Studies to correlate more fully the body and spirit already are under way, the article said. The Institute of Religion in Texas is laying out research projects that will probe more deeply into the care of the mentally ill and the relatively unexplored ministerial influence on the aged and handicapped.

Three universities (Yeshiva, Harvard, and Loyola of Chicago) have launched a comprehensive project aimed at standardizing psychological training of theological students of the three major U. S. religions. The study is being financed by grants from the National Institute of Mental Health.

Physicians and clergymen interpret clinical studies now under way as possible doorways to the "unified field theory," the article said.

Forerunner in this "new medicine" is Dr. Hans Selye, Montreal, whose experiments point up stress as a measurable factor in gauging an individual's physical condition. Conducting detailed research along similar lines is Dr. Harold G. Wolff, a neurologist at Cornell University Medical College. "His thesis is that hope, like faith and purpose in life, is medicinal," the article concluded.

Principle of Physics Helps Explain Atherosclerosis

The principle of physics on which the airplane's airfoil and many hydraulic devices have been based also helps explain the development of various circulatory disorders, according to a New York physician.

In fact, the motion of fluids as formulated in "Bernoulli's theorem" is a primary factor in the development of atherosclerosis, one type of hardening of the arteries, Dr. Meyer Texon of the New York University Post-Graduate Medical School said.

In addition, it may help to explain sudden heart attack deaths following exertion or emotional disturbances, since hemodynamics—the technical term for the motion of blood—plays a role in the development of coronary occlusion and coronary thrombosis, he said in the American Medical Association's recent issue of *Archives of Internal Medicine.*

According to Bernoulli's theorem, fluid in motion possesses energy because of its velocity and its pressure. When velocity increases and static pressure decreases—as on the inside of a curved tube—a suction effect is created. This principle of suction

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Principle of Physics Helps Explain Atherosclerosis

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has been applied to the airfoil and to many hydraulic devices.

In the circulatory system, the suction effect is produced in abrupt curves, at points of branching, or at points where vessels join.

The suction effect tends to pull the inside of the vessel walls toward the center of the vessel. This causes the inner layer of the wall to thicken at this point. Continued exposure to suction stimulates further changes and the typical atherosclerotic plaque develops, he said.

Eventually the inner layer of the plaque becomes detached, which produces a raw or ulcerated surface to which blood elements become attached to form a thrombus, or clot. This eventually occludes, or clogs, the vessel. Sometimes these ulcerated spots tear and allow hemorrhaging of the vessel.

When stress, exertion or emotional disturbances cause sudden increases in heart beat and blood velocity, acute complications may occur in vessels already damaged by the normal motion of the blood, he said. A thrombus may suddenly form or an ulcerated surface may tear and allow hemorrhaging.

This may be what happens in some sudden deaths due to "acute coronary disease with antecedent progressive coronary atherosclerosis," or in cases of acute coronary occlusion with myocardial infarction which follow strenuous exertion or extreme emotional disturbances, Dr. Texon said.

Tuberculosis Patients Need Immediate Hospitalization

A person with a newly diagnosed case of tuberculosis should be hospitalized immediately, according to a guest editorial in a recent issue of the *Journal of the American Medical Association.*

"The really critical period in treatment of tuberculosis falls in the first few days or weeks after diagnosis," Dr. R. H. Browning said. He is from the Ohio Tuberculosis Hospital and the Ohio State University College of Medicine, Columbus.

Into this brief period are crowded the initial decisions about the seriousness and treatment of the disease, the formation of the patient's attitudes toward his disease, and the establishment of protective measures for his family. These can be carried out best if the patient is in a tuberculosis hospital.

The hospital has all the necessary equipment for accurate diagnosis and evaluation of the disease. It is the best place to start the patient on the most effective drugs. Too often, the patient at home may forget or refuse to take medicine.

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Tuberculosis Patients Need Immediate Hospitalization

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Only rarely is it possible to isolate a patient at home, he said. Fortunately, modern treatment makes the early active stage fairly brief and hospital care is not necessarily prolonged for public health reasons.

However, the time in the hospital is important since it offers an opportunity for the patient to learn about his disease and the limitations it imposes upon him. The practicing physician is usually too busy to devote the time required for educating a new patient. Failure to understand leads to an excessive rate of progression and relapse, he said.

Thus hospitalization should be prompt, so the patient "may pass through his critical period safely and be on his way toward convalesence with minimum risk to himself and his associates," Dr. Browning concluded.

Physicians

Support Your
Community Blood Bank

CLASSIFIED ADVERTISEMENTS

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OFFICES FOR SALE, RENT OR LEASE, *(Continued)*

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BOOKS RECEIVED

(Continued from Front Advertising Section Page 48)

SURGERY—Principles and Practice—J. Garrott Allen, M.D., Professor of Surgery, University of Chicago; Henry N. Harkins, M.D., Ph.D., Professor of Surgery, University of Washington School of Medicine; Carl A. Moyer, M.D., Bixby Professor of Surgery, Washington University School of Medicine, St. Louis; and Jonathan E. Rhoads, M.D., D.Sc. (Med.), Professor of Surgery, University of Pennsylvania School of Medicine and Graduate School of Medicine, Philadelphia. J. B. Lippincott Company, Philadelphia, 1957. 1495 pages, $16.00.

SYNOPSIS OF GASTROENTEROLOGY — Rudolph Schindler, M.D., Clinical Professor of Medicine (Gastroenterology), College of Medical Evangelists. Grune & Stratton, New York, 1957. 395 pages, $7.75.

THERAPEUTIC EXERCISE—For Body Alignment and Function—Marian Williams, Ph.D., Assistant Professor of Physical Therapy, School of Medicine, Stanford University, and Catherine Worthingham, Ph.D., Director of Professional Education, The National Foundation for Infantile Paralysis, Inc., W. B. Saunders Company, Philadelphia, 1957. 127 pages, $3.50.

ULTRAMICRO METHODS—For Clinical Laboratories—Edwin M. Knights, Jr., M.D., Associate Pathologist, Director of Clinical Pathology and Blood Bank; Roderick P. MacDonald, Ph.D., Director of Clinical Chemistry; and Jaan Ploompuu, Chief, Division of Ultramicro Chemistry, all of Harper Hospital, Detroit. Grune & Stratton, New York, 1957. 128 pages, $4.75.

VEGETABLE OILS IN NUTRITION—With Special Reference to Unsaturated Fatty Acids—Dorothy M. Rathman, Ph.D., Corn Products Refining Company, 17 Battery Place, New York 4, N. Y., 1957. 70 pages, no price quoted.

WOMAN DOCTOR LOOKS AT LOVE AND LIFE, A—Marion Hilliard, M.D., Doubleday and Company, Inc., 575 Madison Avenue, New York 22, N. Y., 1957. 190 pages, $2.95.

YOUR WONDERFUL BODY—Peter Pineo Chase, M.D., Prentice-Hall, Inc., Englewood Cliffs, N. J. (70 Fifth Ave., New York 11), 1957. 391 pages, $5.95.

Blood Tests Urged in All Paternity Suits

Blood-grouping tests should be carried out in uncontested paternity suits as well as in contested ones, a New York City physician and a lawyer said recently.

Tests for matching the child's blood with that of the supposed father are used now only when the accused man denies paternity. If the man admits paternity, he is not given a blood-grouping test.

However, a study of 67 "typical" cases in which the men admitted paternity in court showed that from 12 to 18 per cent of the men were probably not the fathers of the children they accepted in the court, according to Dr. Leon N. Sussman, attending physician at Beth Israel Hospital, and Sidney B. Schatkin, LL.B., assistant corporation counsel of the City of New York.

In addition, previous studies have shown that from 30 to 40 per cent of the men who deny paternity and who are given blood tests are falsely accused. Thus, in the interests of justice, a blood test should be ordered in every case involving a charge of paternity, the authors said in a recent issue of the *Journal of the American Medical Association.*

The authors studied blood tests performed on involved persons after their uncontested suits were settled. The method was the usual one of duplicate testing by different technicians using different lots of blood serum. The three standard groupings, A-B-O, M-N, and Rh-Hr, were tested, as well as two lesser known groups.

The tests indicated that of the 67 men involved, six "absolutely" were not the fathers of the involved children. Since earlier studies have shown that tests using the three standard groups can clear only 50 per cent of falsely accused men, it follows that not six but 12 of these men were probably not the fathers of the children they accepted, the authors said.

They pointed out that testing must be restricted to qualified experts, since familiarity with the testing methods and a knowledge of blood factor heredity are essential. However, rapid air transportation makes the laboratory expert easily accessible.

Although the number of cases studied was small —due to difficulty in obtaining cooperation of persons after their cases were closed—the figures have "a significant bearing" on the reliability of admissions of paternity which are "routinely and perfunctorily" accepted daily in court, the authors said.

The motivation for these admissions of paternity without scientific proof are interesting, they said. Usually a man admits to paternity for one of the following reasons: a sincere belief that he is the father; a sense of pride arising from the fact that he could be the father; no feeling of responsibility; inability to afford defense and blood tests costs, or a misunderstanding of the meaning of paternity.

Books for Sick Persons Need Careful Selection

When selecting a book for a sick friend, it's well to consider the book's effect on his morale, a hospital librarian said recently.

Writing in a recent issue of *Today's Health*, the American Medical Association's health magazine, Rose Burket, Benton Harbor, Mich., pointed out that a book can do much for a patient, provided it is wisely selected. It should be one that can be used "now," she said.

"The psychological effect of getting a book beyond the patient's capacity is not good. The patient may reason, 'I'm not getting well. I can't even read a book.' Choose a book with good print that is not too long—one that the patient looks forward to reading as a pleasant occupation."

An inflexible rule for hospital librarians that should also be observed by friends is: "never give a patient any book you have not read, since he may identify himself with some unfortunate character or incident," she said.

If the main character of the book died of a heart attack, the book would be an unfortunate choice for a heart patient, while for a new mother or someone

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Books for Sick Persons Need Careful Selection

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with a fracture the incident would have no personal meaning.

All patients lead temporarily restricted and abnormal lives, so books with neurotic characters or horror scenes that may return to disturb the patient should be avoided, Miss Burket said.

Friends sometimes make the mistake of choosing a book to their own taste rather than the patient's. So when choosing a book, think first of the patient's interests and then visualize him as he is right now. For instance, someone with one arm in a cast needs a book he can hold in one hand, while a person with one eye bandaged needs a book with large type.

Often patients have to learn to live with their diseases. Then doctors sometimes recommend that they read books dealing with their diseases.

A book may subtly implant an encouraging idea or it may prove so absorbing that physical discomfort is ignored, she said. It offers the patient stimulating or quiet companionship without taxing his strength. It need not be a best seller or even new, but it must be chosen with the interests and needs of the reader in mind, Miss Burket concluded.